

PRINTER RUSH

(PTO ASSISTANCE)

Application : 09 500 439 Examiner : K. Deshpande GAU : 3625
From : mg Location: IDC FMF FDC Date: 05.30.08

Tracking #: 09 500 439 Week 05.19.08
EPN Date:

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>05.03.04</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW/FWCLM		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE:

claims (original) 6 and 19 depend
on cancelled claims 3 and 16, respectively.

Please resolve.

Thanks

[XRUSH] RESPONSE:

Examiner's Amendment to amend claims 6 and 19 to depend off of claims 1 and 14.

INITIALS: /KD/

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES:
Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document
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